## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

				Please read :	nstructions be	fore complete	ng and for No	[Please read instructions before completing and for Notice regarding public burden.]	public burder	2					
Name and Mailing Address of Respondent	Respondent		ŀ												
Whidbey Telephone Company 14888 SR 525 Langley, WA 98260	ompany												Check has a chan address.	Check here if this is a change of address.	
2. Year Report Filed		3. Reportin	g Period (End	Reporting Period (Ending Date of Pay	VE		4. Number o	4. Number of Full-Time Employees during Selected	nployees dur	ing Selected					
2018		3-2-	3-2-18 to 3-15-18	5-18			a. Fe	Reporting Period (check one):  a. I Fewer than 16 (complete Sections I, IV, and V only)  b. I 16 or more (complete all sections)	k one): xomplete Sec plete all secti	tions I, JV, and ons)	V only)				
SECTION II - Full-Time Employees.	es,						I	2	P. C.	(110)					
							Num (Report empl	Number of Employees (Report employees in only one category)	yees one category						
dob	-							Race/Ethnicity	,						
Categories	Hisp	Hispanic or						Not-Hispanic or Latino	ic or Latino						Total
	,				s	Male					Female	nate			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	White	Black or African American	Native Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	
	>	8	ဂ	D	m	П	o	I	-	C.	~	-	3	z	0
Executive/Senior Level Officials and Managers 1.1			2						2						4
First/Mid-Level Officials and 1.2			9						ક	-					15
Professionals 2	-1		8						ω						12
Technicians 3		_	12		•				3						17
Sales Workers 4		-													0
Administrative Support 5 Workers			2			1			10	<b>,</b>	<b></b>			1	16
Craft Workers 6	2		12	,										-	15
Operatives 7															0
Laborers and Helpers 8			7												7
Service Workers 9			2												2
TOTAL 10	tu.	_	54		0	1	0	0	23	2	2	0	0	<u>,                                    </u>	88
PREVIOUS YEAR TOTAL 11	Ų.	_	63	2	0	0	<b>,</b>	0	27	3	1	0	0	0	101

Revised December 2007

Categories   Cat	Telephone No. (360) 321-0008 (360) 321-0008	Telephone No. (360) 321	SY FINE AND	34E , W	UNISHABLE (A)	FORM ARE P	DE ON THIS STRUCTION F	Signature Signature FEMENTS MAISE OR CONS	Inits in this report are true and correct.  Signature  Signature  Signature  Figure Statements MADE ON THIS FORM ARE PUNISHABLEBS  OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1)	nts in this rep	f, all statements Signing	nowledge, information, and belief, all state Typed or Printed Name of Person Signing Donna Hilty  Typed or Printed Name of Person Signing Donna Hilty	owledge, information yped or Printed Nan Donna Hilty	Typed Doi	Date    Typed or Printed Name of Per
Number of Employees port employees in only one category) Race/Ethnicity Not-Hispanic or Latino Two or more white dian or races Alaska Native G H I  G H I  O O O I	ave been filed against this liled against this company. I status or disposition.	ave been filed iled against the status or disp	1 7 7	nl statutes ha	toriat, or loca unity statute designation,	ort.  yment opport mber or other	isions of Fede ed by this repo ed uat emplo heard, file nu	r year cover visions of an ter has been	ne equal emplored the calendary of the prowhich the materials are the calendary of the prowhich the materials are the calendary of the calenda	matters durit	iction in such iction in such complaints a courts or age	mpetent jurison the following ed, date filed,	y having co y having co nmission the parties involv	se the Cor ire any boo se the Cor ndicating p	This is to advious company before This is to advious (Attach a list in the best of Y
Number of Employees							311.	.4, and 101.3	5, 90.168, 101	22.321, 23.58	nt to 47 CFR	aints Pursua	tion Compt	iscrimina	TION IV - Report of E
Name   Name   Native   Nativ	1 0	1		0		0	0	0	0	0	0	0	0		PREVIOUS YEAR TOTA
Number of Employees	0 0	0	_	0	2	0	0	1	0	0	W	0	0	10	TOTAL
Male														g	service Workers
Number of Employees in only one category)   Hispanic or Latino   Hispanic or Latino   Hispanic or Latino   Male   Female   White African   Pacific   Pacific   Male   Pacific											2			8	aborers and Helpers
Number of Employees   Number of Employees   Number of Employees   Neport employees   Neport employees   Native   Nativ														7	)peratives
Number of Employees   Number of Employees   Number of Employees   Number of Employees in only one category.														6	Craft Workers
Number of Employees   Number of Employees   Number of Employees in only one category.					1									υn	Administrative Support Workers
Number of Employees   Number of Employees   Report employees in only one category.			I											4	iales Workers
Number of Employees   Number of Employees   Number of Employees in only one category)   Hispanic or Latino   Hawaiian or African   Hawaiian or Pacific   Hawaiian or Indian or India											]			3	echnicians
Number of Employees   Number of Employees   Number of Employees   Number of Employees in only one category.					Jund			I						2	rofessionats
Number of Employees   Number of Employees   Number of Employees   Number of Employees in only one category.															first/Mid-Level Officials ar Managers
Number of Employees   Number of Employees   Number of Employees in only one category)			ı											1.1	xecutive/Senior Level Micials and Managers
Hispanic or Latino  Male Female  Male Female  Male  Ma	х г	~		٠	-	т	ဓ	71	п	D	ი	8	⋗	·	
Hispanic or Latino Male	Native Asian Hawaiian or Other Pacific Islander			Black or African American		Two or more races	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Black or African American	White	Female	Male		
Hispanic or	Female	71						ale	Ma						
					ic or Latino	Not-Hispan						inic or	Hisps		Categories
Number of Employees (Report employees in only one category)			l		1	Race/Ethnicity								·····	Job
				?	yees one category	ber of Emplo	Num (Report empt							<b>-</b>	